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February 26, 2004

UTILITY PATENT APPLICATION TRANSMITTAL

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Address to: Box PATENT APPLICATION				Attorney Dock	et No.	CHIU3034/EM				
Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450			First Named Ir (or identifier)	nventor	Chuang-Chun Cl	HIUEH				
			Total Pages		16					
	Transmitted herewith is a patent application under 37 CFR 1.53(b).									
Entitled: Oral Prophylactic Agent Against Viral Infection										
⊠ 1.	Submitte	Submitted herewith are the following:								
	33 claims 1 Oath/Do 1 Applica 1 check i	 11 pages of Chinese specification, including claims and Abstract. 33 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 check in the amount of \$690 (\$385- Filing Fee; \$117- Extra Dependent Claim Fee; \$43- Extra Independent Claim Fee; \$145- Multiple Dependent Claim Fee). 								
⊠ 2.	SMALL E	NTITY	STATUS IS ASSERT	ED pursuan	t to 37 CFR 1	.27 for this application	n.			
⊠ 3.		The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.								
□ 4.		Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed								
□ 5.		Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed								
□ 6.	Other:									
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.										
	THE	FILING FE	EE IS CALCULATED AS FO	LLOWS:		Basic Fee:	\$770.00			
	Total Claims: 33 - 20		- 20 =		13.00	X \$18 =	\$234.00			
Indepe	lependent Claims: 4 - 3 =			1.00	X \$86 =	\$86.00				
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176			23364	1	Multiple Dependent Claim (add \$290.00):		\$290.00			
			CUSTOMER NUMBER		Subtotal:		\$1,380.00			
, woxarrance	, 17(22014				50% Reduction if Small Entity Status:		\$690.00			
Phone: 703-683-0500			Fax: 70	3-683-1080	Total:		\$690.00			
Date:		Name:		Signature:		Reg. No.				

Eugene Mar